



PLAT APPLICATION

101 W Abram St
Arlington TX 76010
817-459-6502
www.arlingtontx.gov/planning

Please Select Type:

- ☐ Amended Plat ☐ Combination Plat ☐ Conveyance Plat ☐ Final Plat ☐ Plat Vacation
☐ Minor Plat ☐ Preliminary Plat ☐ Replat ☐ Revised Preliminary Plat

► For submittal requirements, see appropriate checklist ◀

Development Information

Project Name: _____
Lot & Block: _____

Survey & Abstract: _____

Address: _____
Number of Lots: _____ Gross Acreage: _____
Current Zoning: _____ and Use: _____
Proposed Use: _____

Surveyor/Engineer Information

Firm Name: _____
Surveyor/Engineer: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Owner Information

(if there is more than one owner, please attach a separate application)

- ☐ Check here if the property owner is represented by an authorized agent and if so, please complete the following:

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Office Use Only

Project Name: _____
Project Manager: _____
Date Submitted: _____ Accepted by: _____
Tentative P&Z Date: _____ PON required: Y or N
Located in EZ: Y or N Plat number: _____

Representative/Agent Information

Firm Name: _____
Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Telephone: _____
Fax: _____
Email: _____

Special Notes

**INCOMPLETE APPLICATIONS WILL NOT BE
ACCEPTED**

**Contact a Community Development and Planning
staff member if you have any questions.**



Owner Certification and Disclosure

This is to certify that _____, the stated undersigned, is/are the sole owner(s) of the property described in this application, and that I/we have read and understand the "Disclosure of Interest" form.

Owner signature

Owner signature

Agent signature

Do you believe that a City official or City employee may have a conflict of interest in the aforementioned property or application?

☐ YES

☐ NO

If YES, please inform the person accepting your application, as a separate form will need to be completed.

Notary Statement

All Signatures Must Be Notarized

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the above and foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given under my hand and seal of office on this _____ day of _____, 20____.

SEAL

Notary Public in and for the State of Texas

For Office Use Only

(Base Subdivision Filing Fee)	\$ _____
(Acreage Fee)	\$ _____
(Enterprise Zone Reduction)	- \$ _____
#605 (Plat Review & Inspection)	\$ 25.00
#699 (General Account)	\$ 25.00
#604 (Subdivision Filing Fee)	\$ _____

NOTE: Accounts #605 & #699 do not apply to Amended and Conveyance Plats.

Receipt #: _____

Accepted by: _____

TOTAL FEES: \$ _____